

the luxuriant fungous ulcerations which I have described, and which the nitrate of silver often does not modify with sufficient energy to insure cicatrization. The milder forms of ulceration—those which are observed in early pregnancy—often heal with surprising rapidity, considering their character. This is sometimes the case with the fungous ulceration of more advanced pregnancy, but much less frequently. The latter are mostly intractable and difficult to heal, but less so, perhaps, than ulcerations of a similar character would be in non-pregnant females. In the pregnant woman the luxuriance and fungosity of the ulceration is not so much the result of the intensity of the disease as of the increased physiological vascularity and vitality of the uterus, which increased vascularity appears likewise to facilitate the healing process.

The injections which I use are the same as in non-pregnant women—solutions of sulphate of zinc, alum, acetate of lead, tannin, &c., for further details respecting which I must refer to my work on uterine inflammation.

I am not in the habit of resorting to leeches, or to scarification of the cervix, in these cases, because I have not hitherto found these modes of treatment necessary; but I have no doubt that they might be resorted to without fear, were they deemed necessary. It is, however, I have hitherto thought, most prudent not to adopt any mode of treatment which is calculated to interfere much, even momentarily, with the circulation of the pregnant uterus. I do not, either, use the cold hip-bath in these cases, for a similar reason.

The application of caustic to the ulcerated surface occasions, as in the non-pregnant females, but very little pain at the time, although rather severe pain sometimes comes on in the inguinal and hypogastric regions in the course of a few hours, lasting for some hours, or for a day or two. The leucorrhœal discharge is also often tinged with blood for one, two, or three days afterwards, as is the case with ordinary ulceration. This slight show need occasion no alarm whatever, as it is purely local, and the result of the application of the caustic to an ulcerated surface.

Under the influence of this treatment, the ulceration soon assumes a healthier, less luxuriant appearance, then begins to cicatrize, and finally heals.

Once the progress of cicatrization has fairly set in, the irritability of the ulcer and of the surrounding tissues having been subdued, there is but little fear of abortion taking place. But until this is the case, abortion is imminent, and may, indeed, be feared daily. It is well, therefore, to apprise the patients of this circumstance, as otherwise they would be certain to attribute the miscarriage, were it to occur, to the instrumental examination. This leads me to say a few words respecting the use of the speculum in these cases.

The only circumstance which can explain the fact of the frequent existence of ulcerative inflammation of the uterine neck during pregnancy having hitherto passed unperceived by accoucheurs and pathologists, who in France freely resort to instrumental examination in uterine disease, is the general impression among them that the use of the speculum in pregnant women is dangerous, and likely to give rise to abortion. Such a notion, however, is most unfounded, as I have become convinced from my own experience. A careful instrumental dilatation of the vagina in a pregnant female is of itself perfectly harmless, as the slightest reflection will show. On the other hand, it is only by combining instrumental treatment with the other means employed, that the ulcerative disease can be cured; and, as I have stated, the chances of abortion taking place under the influence of the ulcerative disease I have found so great, as to render it imperative to adopt *every* curative means in our power.

In concluding this paper, I may, perhaps, be allowed to state as my firm conviction, that the facts which it contains, when generally known, are calculated deeply to modify existing opinions and practice, with reference to the diseases of pregnancy, the causes of abortion, and the treatment of the morbid phenomena which precede and follow it, in a large proportion of the cases that occur in practice.—*Month. Journ. Med. Sci.*, Dec., 1846, from *Lancet*, Sept. 26, 1846.

57. *Cæsarian Operation performed by Mr. SKYE, at St. Bartholomew's Hospital, the patient being rendered insensible by ether.*—The subject of this case, a dress-maker, wt. 27, of a mild disposition, is only four feet one inch in height on account of

great distortion of the pelvis and lower limbs from rickets during childhood. Her general health is good.

On the evening of the 7th of April, 1846, while under temporary excitement, she had connection once with a young man lodging in the same house. She was not aware of being pregnant until the seventh month, when she consulted a surgeon, who, conscious of her dangerous position, sent her to Mr. Skey, under whose care she was admitted into St. Bartholomew's Hospital.

An accurate examination was then made by several distinguished accoucheurs, who were unanimous in their opinion that embryotomy would be impracticable on account of the extreme narrowness of the antero-posterior diameter of the pelvis. It was, therefore, recommended that no operative proceeding should be adopted until the full period of utero-gestation; and that the Cæsarean section would then be the most proper measure.

The nature of the case being fairly and fully explained to the patient, she readily consented to undergo any operation which offered the best chance of relief.

At 2 in the morning of the 25th of January she was awakened from sleep by the commencement of labour.\* The membranes gave way soon afterwards, and the pains increased. Mr. Skey, with several accoucheurs, made an examination *per vaginam* at half-past 4 A. M. The os uteri was at that time very little dilated.

A second examination was made at half-past seven. The os uteri was still in the same condition, but the labour pains were rapidly increasing. The operation was therefore no longer delayed.

The vapour of ether was inhaled by the patient for six minutes before its effects were manifest: an incision eight inches in length was made down to the linea alba, commencing two inches above the umbilicus, and terminating two inches and a half above the pubes. The linea alba was then divided to the same extent on a broad director. The uterus was fairly exposed, inclining to the left. Adequate pressure over the front and sides of the abdomen was necessary to prevent protrusion of the intestines. An incision from five to six inches in length was then made into the long axis of the uterus, from which a well formed, healthy looking female child was easily removed. The placenta was extracted shortly afterwards. Thus far, the operation occupied six minutes.

Immediate contraction of the uterus to one-half its previous size followed the removal of the child. The free venous hemorrhage which took place from its cut surface was arrested by cold water and pressure between the hands. In half an hour the uterus had contracted to such a size as to render its replacement within the abdomen safe. Accordingly, with the sanction of Drs. Rigby, Fergusson, Moore, P. Smith, and others, the incision in the abdomen was brought together by eleven sutures. Broad strips of plaster were applied to support the muscles, and cotton wool placed on the abdomen with a flannel roller over the whole.†

It may be as well to observe that the inhalation of the ether produced insensibility to the pain of the first incision. Its prolonged exhibition was not allowed lest it might possibly interfere with the contraction of the uterus.—*Lond. Med. Gaz.*, Jan. 1847.

58. *Congenital protrusion of the Liver through the umbilical ring.*—Dr. POCHHAMMER was sent for by a midwife to examine the child immediately after birth, in consequence of something abnormal in its external appearance. On examination he found the remains of the umbilical cord distended into a swelling of the size of a goose egg, protruding through, and occupying the seat of the umbilical ring, which was very much dilated. Finding himself unable to push the contents of the swelling into the abdomen, Dr. P. divided the external skin through its whole extent, when, to his astonishment, he found the liver, with a well furnished gall-bladder lying therein. He now carefully dissected off the skin which adhered to the circumference, replaced the liver, pushing it as far to the right side as possible, and put a ligature close round the base of the cord. The result was most favourable; the remains of the cord sphecelated, dropped off, and left a smooth cicatrix over the ring. The child is now a year old, strong, and healthy. The ring still remains dilated to the extent of a crown piece, but the contents of the abdomen are easily retained by means of a simple circular bandage.—*Monthly Journ. Med. Sci.*, Dec. 1846, from *Wochenschrift für die gesammte Heilkunde*, Feb. 28th, 1846.

\* It is worthy of remark, that the full period from intercourse was here 293 days

† This patient died in 36 hours, see p. 506.